



State of Rhode Island Credit Card Processing Contract BO3255

Enrollment/Implementation Plan for EDS and/or Bank of America

Directions: The following steps, each represented by a separate document, comprise the Enrollment/Implementation Plan for each Department participating in this Contract. A completed plan should be sent to: Larry Franklin, CPA, State Controller, RI Department of Administration, Office of Accounts and Control, One Capitol Hill, Providence, RI 02908, larryf@gw.doa.state.ri.us. The plan sent to Larry Franklin must contain a hard copy of the signoff document (Step Six) with original signatures.

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Step One - Initial Inquiry from Department

Directions: All initial inquiries from Departments should be immediately referred to Larry Franklin, CPA, State Controller, Phone: 401-222-6731; FAX: 401-222-6437. Larry will complete the top portion of this document and then send to Sally McCarthy, EDS, Phone: 401-784-3839; FAX: 401-467-9581 who will complete the bottom portion.

Department Name: _____

Department Contact: _____

Title: _____

Phone #: _____

E-Mail: _____

Date Referred to EDS: _____

By: _____

Brief Description of Program(s) (itemize if more than one):

Inside MAGnet _____

Outside MAGnet _____

EDS to Complete:

Is there an Internet/IVR (Pay-by-Phone) component? _____ Yes _____ No

- If Yes, EDS to complete Enrollment/Implementation Plan and proceed to Steps II, III, IV, V and VI
- If No, Bank of America to complete Enrollment/Implementation Plan and proceed to Steps II, III, V and VI.

Date EDS referred to BofA: _____ By: _____

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Step Two - Department Contact Information

Directions: As determined by Step One, EDS or Bank of America will collect the following. Information:

Department Name: _____

Name to appear on
Credit Card Receipts

(if different from above): _____

Location Address:

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above):

Street Address: _____

City, State, Zip: _____

Billing Address (if different from above):

Street Address: _____

City, State, Zip: _____

Primary Contact Name: _____

Title: _____

Address (if different from above):

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

FAX: _____

Area(s) of responsibility/expertise: _____

All Other Contacts:

On a separate piece of paper attached to this document, provide the above information for all additional Department contacts, and include their specific area(s) of responsibility/ expertise, e.g., billing, customer service, technical support, etc.

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Step Three – Payment Processing Questionnaire

(first of two pages)

Directions: EDS will administer this questionnaire to those Departments that wish to offer Internet and/or IVR (Pay-by-Phone) payment methods. Bank of America will administer this questionnaire to those Departments that will not be offering Internet and/or IVR (Pay-by-Phone) payment methods.

Terminals (please check all that apply):

Do you own terminals? Yes _____ No _____

If yes:

How many? _____

What types of terminals do you own? _____

Do you want to rent terminals? Yes _____ No _____

If Yes, how many? _____

Do you want to buy terminals? Yes _____ No _____

If Yes, how many? _____

Software:

Are you currently using software? Yes _____ No _____

If Yes:

What is the name of the software? _____

What method of communication is the software using?

Dial-up _____ SSL _____ Frame _____

Other _____

Step Three – Payment Processing Questionnaire
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(second of two pages)

Card Types Accepted:

Initially the state will only accept:

_____ Visa Merchant ID#: _____

_____ MasterCard Merchant ID#: _____

Reporting Capabilities:

Do you want on-line Reporting Capabilities through Bank of America Merchant Services Online? Yes _____ No _____

Reporting Breakdown:

Do you want reporting: By location _____ By *Association _____ Both _____

*By Association reporting links multiple merchant numbers together in a consolidated report.

Average Transaction Size: \$ _____ Set Rate: _____ or Variable: _____

Anticipated Annual Volume: \$ _____ Constant: _____ or Cyclical: _____

If Cyclical, Peak Times: _____

Bank Account Information (to deposit funds into):

Most state agencies deposit revenue into the state's "General Fund". Some will deposit this type of revenue into a "special fund". When "special fund" agencies begin accepting credit card payments, Larry Franklin will work with the Treasury to establish the needed bank account(s).

The state has established one General Fund bank account for credit card deposits of all General Fund agencies:

Bank Name: Bank of America Account Type: Checking Account

Account #: 0108000671 Routing #: 011500010

Tax Identification Number (TIN): 05-6000522

Again, this TIN is for ALL agencies (general fund and special fund).

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Step Four – Credit Card Enrollment Questionnaire (if applicable)

(first of nine pages)

Option Selection

Directions: EDS will administer the attached Credit Card Enrollment Questionnaire for those Departments that wish to accept payments via an Internet and/or IVR interface. ***Departments can choose from the following options to authorize and collect payments:***

- **Option One: Web Services.** With the Web Services option, the customer never leaves the Department's web site and all communication to the customer regarding the payment is done by the Department's application, which receives a real-time response from EDS on whether or not the payment has been authorized.

To use this option, Department applications create an XML SOAP message, using a pre-defined WSDL (web services definition file) that contains basic information such as Credit Card Number, Expiration Date, etc.

Select this option when:

- The Department's application needs to know (in real-time) whether or not the payment has been authorized. Applications may have a requirement to record whether or not the payment has been made before allowing the customer to continue to another process in the application.
- The Department's application needs to update a database (in real-time) and record the authorization number (generated by EDS) as soon as the payment has been authorized.
- The Department does not want the customer to leave the Department's application throughout the payment process.
- The Department wants EDS to automatically generate a corresponding Cash Transfer (CT) document to the State.

The development effort for this option requires a full integration with the Department application that includes all error handling of real-time responses from EDS.

- **Option Two: Pay Button with Post.** With the Pay Button with Post option, Departments add a “pay button” on their web application that hot links the customer from the Department's web site to the EDS web site. EDS controls all interactions pertaining to the payment. Results of the payment transactions are emailed back to Departments daily in a batch settlement/remittance file.

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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(second of nine pages)

This link will incorporate a customer identifier, State accounting data, and the dollar amount of the transaction that can be formatted using page scripting and/or static hard-coded values. Select this option when:

- It is not a requirement that the Department's application knows in real-time whether or not payment has been authorized. Departments do not need to communicate to the customer (within the application) that they will be receiving the good or service.
- Customers do not need to return to the Department's web site following the payment process.
- The Department will use the daily settlement/remittance file to update the Department's database on whether or not the payment has been made by the customer.
- The Department wants EDS to automatically generate a corresponding Cash Transfer (CT) document to the State.

The development effort for this option requires formatting of data and web page scripting as well as developing a process to update the Department's database using the daily settlement/remittance file.

- **Option Three: Pay Button without Post.** With the Pay Button without Post option, Departments add a “pay button” on their web site that hot links the customer to the EDS web site. EDS controls all interactions pertaining to the payment. Results of the payment transactions are emailed back to Departments daily in a batch settlement/remittance file.

At the EDS web site the customer enters all of the identifying information (customer name, customer number, etc.), amount due, and credit card information.

Select this option when:

- There is no integration with the Department's application – the Department's web site may or may not have a corresponding database to record whether or not payment has been made. (e.g., registration for a conference where the Department simply wants a list of registrants).
- If applicable, the Department will use the daily settlement/remittance file to update the Department's database on whether or not the payment has been made by the customer.
- The automatically generated Cash Transfer (CT) document is not required or will be created manually by the Department.

This option requires almost no development effort except to create the actual link to EDS and, if applicable, developing a process to update the Department's database using the daily remittance file.

- **Option Four: Interactive Voice Response (IVR).** With the IVR option, Departments advertise a telephone number for customers to call. The customer “keys in” or via voice recognition gives identifying information (customer number, invoice number, etc.), amount

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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(third of nine pages)

due, and credit card information. Results of the payment transactions are emailed back to Departments daily in a batch settlement/remittance file via email.

This option is similar to the Pay Button Without Post option except that it is done via the telephone rather than the Internet.

Select this option when:

- There is no integration with the Department's application -- the Department's web site may or may not have a corresponding database to record whether or not payment has been made. (e.g., registration for a conference where the Department simply wants a list of registrants).
- If applicable, the Department will use the daily settlement/remittance file to update the Department's database on whether or not the payment has been made by the customer.
- The automatically generated Cash Transfer document is not required or will be completed manually by the Department.

This option requires no development effort except developing a process to update the Department's database using the daily remittance file.

* * * * *

OPTION SELECTED:

_____ One: Web Services

_____ Two: Pay Button with Post

_____ Three: Pay Button without Post

_____ Four: Interactive Voice Response

FOR ANY OPTION:

1. Do you want an email notification instantly after an adjustment transaction (retrieval, chargeback, refund, EFT return) is processed? _____ Yes _____ No

If Yes, please provide the Email address(es) to which these notifications should be sent.

2. Do you want to send accounting information to the State? Yes _____ No _____
(Note: This standard requirement enables CTs to be automatically generated. If NO, please explain why.)

3. List all code(s) attached to each program (use additional paper if necessary):

ECRT Code(s): _____ for Program: _____

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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For Pay Button Only Option

- 1) Please provide the extension for your web site:

https://www.paybill.com/_____

- 2) Would you like your citizens to receive an email confirmation notice after they make a payment?

_____ Yes _____ No

- a) If yes, please provide the email address that will be reflected as the "FROM" address to your citizens. This should be an address that your citizens can send emails

email address: _____

- b) Would you like a marketing message on the email confirmation notice? You have an option of having a message on the top, on the bottom or both. These are freeform messages for your use.

_____ Yes _____ No

- i) Top Marketing Message:

- ii) Bottom Marketing Message:

- 3) Would you like an image of your invoice/bill on the Internet site to assist your citizens in locating their account number?

_____ Yes _____ No

- ♦ If yes, please attach a .GIF or JPEG file with an image of your invoice/bill with the account number information circled.

_____ Attached

- 4) Do you have a notice on your department application that says that the customer is leaving a State web site when the pay button is pressed?

_____ Yes _____ No

(This is a standard requirement, so if NO, please explain why)

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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For IVR (Pay-by-Phone) Option Only

1) Please complete the following customized prompts for your script:

- a) Greeting message - *For example - Welcome to ABC automated payment system.*

- b) Account Number Entry - *For example - Please enter your nine-digit ABC Company account number located at the top right hand corner of your bill followed by the pound sign.*

- c) Account Number error message to be voiced after two (2) attempts of entering a bad account number - *For example- I'm sorry, I did not recognize that entry.*

- d) Account Number error message to be voiced after three (3) attempts of entering a bad account number - *For example - I'm sorry I still did not receive the correct account number. Please call 1-800-123-4556 for assistance.*

- e) Secondary Account Number, if used, prompt should state

- f) Tertiary Account Number, if used, prompt should state.

- g) High dollar amount message - *For example, Please contact Customer Service at 1-800-123-4567 for assistance.*

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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- h) Good-bye message - This message will be played whenever the call is ended. *For example - Thank you for using ABC's automated payment system.*

- 2) Do you want to use the Customer Service prompt, which will provide the citizens instructions on what to do if they want to speak with a Customer Service Representative?

_____ Yes _____ No

- ◆ If you want to use the Customer Service prompt, what should be voiced to your citizen?
For example - Please call 1-800-123-4566 for Customer Service.

- 3) Do you want to offer Spanish?

_____ Yes _____ No

- 4) What message should be presented to the citizen in the event they are declined because they failed the card ZIP code check?

- 5) Do we need to order a toll-free number for you or will you be providing your own toll-free number? (If providing your own toll-free number, please provide toll-free number.

_____ Yes _____ No (If No, toll-free number used: _____)

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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For Pay Button and IVR Options Only: Department Parameters

1) What is the maximum number of digits in your account number? _____

2) What is the minimum number of digits in your account number? _____

3) Do you use a check digit routine that EDS can use to validate the account number?

_____ Yes

_____ No

- ◆ If yes, please attach check digit routines used and 3 - 5 sample account numbers to use as references

4) Will you want to use our secondary or tertiary account number fields? If used, citizens will be prompted for this information and the information will appear as a part of the account number on the remittance file and reports.

_____ Yes

_____ No

- ◆ If yes, please provide information to be collected from your citizen and minimum and maximum values as well as any check digit routines to validate the input_____

5) What dollar amount would you like your citizens to be instructed to contact you to approve the payment if they attempt a payment higher than this dollar amount? For example, if this amount were set to \$1,000.00, any payment over this dollar amount would instruct the citizen to contact you for security reasons. You will have the ability to override the payment if you deem it to be a valid payment (High Dollar Bounce).

\$ _____

6) How many payments (Number of Payments) per "X" days (Number of Days) will you allow your citizens to make to your account prior to an override from you is required?

of payments: _____

per # of days: _____

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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- 7) How many payments (Number of Payments) per "X" days (Number of Days) will you allow your citizens to make by a payments type (MasterCard/Visa) before an override from you is required?

of payments: _____ per # of days: _____

- 8) What is the minimum amount you wish citizens to pay without being warned they are below this amount (Low Dollar Bounce)? Citizens will be able to make payments, however, they will be warned this amount is below what is expected by you.

Minimum amount of payment: \$_____

- 9) Citizens can access their last payment information (made through the CREDIT CARD system). What is the maximum number of days you wish this information to be available to citizens (0 - 180 days)? If you re-issue account numbers, you may wish to have this parameter set to a number of days less than the timeframe you re-issue account numbers.

Maximum number of days: _____

- 10) Number of attempts citizens can make entering data prior to being directed for assistance. Default value is three (3).

Number of attempts: _____

Step Four – Credit Card Enrollment Questionnaire (if applicable)

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For Pay Button and IVR Options Only: Payment Parameters

- 1) What toll-free number should be listed on your citizen's card statement for your citizens to call if they have any questions regarding the payment?

Toll-free number: _____

- 2) For credit/debit card transactions, do you want EDS to validate the card verification code prior to authorizing the transaction? The card verification code is the three or four digits located on the back of the card.

_____ Yes _____ No

- 3) For credit/debit card transaction, do you want EDS to validate the zip code prior to authorizing the transaction?

_____ Yes _____ No

- 4) For EFT transactions, citizens can schedule payments for future dates. After the payment is scheduled and accepted by the citizen, it cannot be changed or voided. Do you want your citizens to have the option of scheduling EFT payments in the future?

_____ Yes _____ No

- ◆ If Yes, please indicate the number of days in the future citizens can schedule their payments. Default is seven (7) days.

of days: _____

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Step Five -- Implementation Plan

Directions: EDS and/or Bank of America should attach to this document the Department's Implementation Plan, developed in conjunction with, and agreed to, by the Department.

Implementation Plan is attached: Yes_____ No _____

Anticipated Initiation Date: _____

Anticipated Completion Date: _____

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Step Six – Signoff Document

(first of three pages)

Directions

This document should be completed when the Enrollment/Implementation Plan between the Department and Contractor(s) has been finalized. It should then be attached to the rest of the Plan's required documents.

When the Plan is completed, and prior to its implementation, it should be sent to: Larry Franklin, CPA, State Controller, RI Department of Administration, Office of Accounts and Control, One Capitol Hill, Providence, RI 02908, larryf@gw.doa.state.ri.us.

Once the State reviews and approves the Enrollment/Implementation Plan, it will sign and date the Signoff Document and send copies to the Department and Contractor(s). Whenever any changes are made, copies of all relevant documents should be sent to Larry Franklin at the above address.

Step Six – Signoff Document

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Attached is the completed Enrollment/Implementation Plan between _____
and _____. This plan describes the following
Department
Contractor(s)

Electronic Payment Processing Program: _____

Projected date of completion is: _____

This is ____ is not ____ the only Electronic Payment Processing Program for this Department.

This Enrollment/Implementation Plan is being submitted to the Office of the State Comptroller for review, approval and signature. As indicated by the signatures on the following page, both the Department and Contractor(s) have approved of this Plan.

The Enrollment/Implementation Plan is subject to the following provisions:

- Each individual State Department requesting and accepting electronic payment processing (e-payment) services shall be solely legally responsible for payment of that Department's obligations under the Contract, subject to sufficient appropriations and allotments, and the Contractor(s) may not seek payment of such obligations from the Office of the State Comptroller or any other State Department, nor shall any State Department have any legal obligation to make payments for e-payment services other than the Department requesting and accepting such services.
- When a Department agrees to accept e-payment services, the Department certifies that prior to the beginning of each fiscal year, and during the fiscal year, the Department shall be responsible for taking the necessary steps to ensure that there are sufficient funds for payment of these e-payment fees and chargebacks. Departments should work with the electronic payment processing Contractor(s) to determine an estimated amount of fees and other costs for each fiscal year based upon historical or anticipated e-payment usage. Departments will be required to encumber or set aside, at a minimum, this estimated amount of funds for e-payment fees and costs. Departments will be required to suspend acceptance of e-payments whenever the Department anticipates not having sufficient funds for e-payment fees and costs. Seeking funding after the fact through the deficiency process or prior year deficiency process shall not be considered an appropriate funding mechanism. The Office of the State Comptroller will monitor the estimated fees and the encumbering

Step Six – Signoff Document

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process to ensure that sufficient funds are available for e-payment fees and may take any steps necessary to assist the Department encumber or otherwise set aside Department funds, including encumbering Department funds on the Department's behalf to ensure available funding for e-payments.

Each department is responsible for performing daily system assurance (reconciliation between Department application, Contractor settlement report, and bank/deposit statements).

Department Approval:

Name of Department: _____

Printed Name of Signatory: _____

Signature: _____ Date: _____

Contractor Approval:

Name of Contractor: _____

Printed Name of Signatory: _____

Signature: _____ Date: _____

Contractor Approval (if applicable):

Name of Contractor: _____

Printed Name of Signatory: _____

Signature: _____ Date: _____

Office of the State Comptroller Approval:

Printed Name of Signatory: _____

Signature: _____ Date: _____